



**PROJECT
BREAD**

February 21, 2023

Allison Post
Chief, Administration, Benefits, and Certification Branch
Policy Division
Food and Nutrition Service
U.S. Department of Agriculture
1320 Braddock Place, 3rd Floor
Alexandria, Virginia 22314

RE: FNS-2022-0007-0001

Dear Allison,

Thank you for the opportunity to provide comments regarding the proposed rule, *Special Supplemental Nutrition Program for Women, Infants, and Children: Revisions in the Women, Infants, and Children Food Packages*.

Introduction

My name is Courtney McGarry, and I am a registered dietitian and Manager of Nutrition & Dietetics for Project Bread's Health Care Partnerships program. I am writing on behalf of Project Bread and the registered dietitians at our organization, who possess a combined 20 years of experience working with children and families to promote healthy eating habits.

Project Bread is a statewide anti-hunger organization committed to connecting people and communities in Massachusetts to reliable sources of food while advocating for policies that make food accessible—so that no one goes hungry. Our Health Care Partnerships program annually serves a caseload of approximately 4,500 families and individuals designated as food insecure with complex health issues. Each day, our team of nutrition service coordinators works one-on-one with families and individuals to identify gaps in their access to healthy food. Through the Massachusetts Flexible Services program, we can connect qualifying food-insecure individuals to grocery store vouchers, kitchen supplies, home-delivered meals, cooking classes, and nutrition counseling. Additionally, we connect patients to other programs they may qualify for, such as the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).





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We are encouraged that the revisions being suggested favor more choice and increased nutrition for families receiving WIC. We often hear from patients that the current food restrictions for WIC can be challenging to navigate, which in turn can be a deterrent to apply for WIC. Applying to these programs takes time and requires a patient to learn the intricacies of what is allowable, which can be a burden if each program they are eligible for differs significantly in guidelines. Increasing WIC allowable food options helps incentivize clients who need these services to apply for the program and decreases the chance of them becoming deficient in essential nutrients for growth and health.

In addition to the currently proposed revisions, we propose the following further changes to food packages issued through WIC:

- **JUICE:** We favor the decision to decrease WIC dollars allocated to purchasing 100% fruit juice and increasing WIC dollars allocated to purchasing whole fruits and vegetables. **We would like to propose that 100% juice boxes with less than 10 grams per serving (i.e. Honest Juice boxes) be allowed.** The American Heart Association recommends children under 2 years of age not be allowed any form of added sugars. It is also recommended that children ages 2-18 years consume no more than 8 ounces of sugar-sweetened beverages per week. However, we know from experience that juice is a common household item in families with young children, and it serves as a simple pleasure that many families are unwilling to compromise. Providing an option for families to purchase a healthier alternative, such as low-sugar beverages, flavored with 100% fruit juice, is likely to have a greater impact on decreasing the intake of high-sugar beverages overall.
- **NUT BUTTERS:** **We recommend including sunflower butter as an alternative to peanut butter.** Nut butter serves as a nutrient-dense and shelf-stable protein option for many households. However, many schools no longer allow peanut butter due to food allergy risks, and so many families are unable to use WIC-approved peanut butter to prepare school lunches for their children. Additionally, it is important that families with children who have a nut allergy be given the option to purchase sunflower butter as an alternative.¹

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7257931/>





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- **GLUTEN FREE: We recommend that WIC recipients be given the option to purchase gluten-free whole grain foods and pasta.** Individuals diagnosed with Celiac disease or gluten intolerance cannot digest gluten, putting them at risk of insufficient intake of soluble and insoluble fiber – nutrients known to improve glycemic control and decrease risk for diverticulitis².
- **FULL-FAT DAIRY PRODUCTS: We recommend including whole milk and full-fat yogurt for breastfeeding individuals since they have elevated protein and calorie requirements when breastfeeding³.** Whole milk is a convenient and highly nutrient-dense option for breastfeeding individuals who may have trouble finding other nutrient-dense food options that require minimal preparation.
- **NON-DAIRY SUBSTITUTION OPTIONS: We recommend that non-dairy pea protein milk be allowable for purchase, in addition to expanded options for non-dairy yogurt and cheese.** Individuals who cannot tolerate lactose, or who have nut allergies and are unable to tolerate soy, should be given equitable access to calcium sources.
- **PROTEIN & FATS:** Lastly, we recommend that consideration be made to increase WIC purchasing options for lean proteins such as fresh chicken, turkey meat, and healthy oils and fats. Breastfeeding individuals require an increased intake of protein and calories to produce breast milk. We know that meat is a complete protein for the body, and heart-healthy fats serve as the most calorically dense macronutrient, providing 9 calories per gram. However, fresh meat and oils are not covered through WIC. The American Academy of Pediatrics recommends that infants be exclusively breastfed for the first 6 months after birth. To support healthy breastfeeding, WIC needs to emphasize the parent's health as well. Including lean protein and healthy fats as allowable food items will assist breastfeeding individuals in meeting their protein and caloric needs while reducing the risk of failure to thrive in a breastfeeding infant. Recent increases in inflation have made it difficult for many families to purchase meats and heart-healthy fats. We urge policymakers to consider the repercussions when breastfeeding individuals in the U.S. are at risk for becoming nutrient

² Cardo A, Churrua I, Lasa A, Navarro V, Vázquez-Polo M, Perez-Junkera G, Larretxi I. Nutritional Imbalances in Adult Celiac Patients Following a Gluten-Free Diet. *Nutrients*. 2021 Aug 21;13(8):2877. doi: 10.3390/nu13082877. PMID: 34445038; PMCID: PMC8398893.

³ Rasmussen B, Ennis M, Pencharz P, Ball R, Courtney-martin G, Elango R. Protein Requirements of Healthy Lactating Women Are Higher Than the Current Recommendations. *Curr Dev Nutr*. 2020 May 29;4(Suppl 2):653. doi: 10.1093/cdn/nzaa049_046. PMCID: PMC7257931.





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deficient, potentially resulting in a greater number of infants who are at risk for failure to thrive.⁴

In closing, we thank you for the opportunity to comment on this important rule regarding updates to the WIC food package. Project Bread extends our appreciation to USDA for its commitment to improving the nutrition and health of families, and we look forward to continuing to work closely with you and our state and local partners as we seek to solve hunger in Massachusetts and beyond.

Sincerely,

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⁴ American Academy of Pediatrics

